## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000048736

City-St-Zip:

LONGWOOD, FL 32750

Entity Name: GHS & ASSOCIATES, INC.

FILED Apr 11, 2005 Secretary of State

•				
Current Principal Place of Business:			New Principal Place of Business:	
	ESHORE CIRO OD, FL 32750			
Current Mailing Address:			New Mailing Address:	
	ESHORE CIRC OD, FL 32750			
FEI Number	: 59-3578177	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	EPHAN G ESHORE CIR( OD, FL 3275(			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PT ( STEPHAN, GA 1847 LAKESH LONGWOOD,	ORE CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( HEREICH, SAI 1847 LAKESH LONGWOOD,	ORE CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	S ( STEPHAN, HA 1847 LAKESH		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GABI STEPHAN PT 04/11/2005